

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042688

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

61

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mountain Grove

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 237 Lake Street

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Wright

c. CITY OR TOWN Mountain Grove

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
237 Lake Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

NANCY

CATHERINE

HOLT

4. DATE OF DEATH

Month NOV

Day 5

Year 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5/23/1885

9. AGE (last birthday)
78 Yrs

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Douglas County, Mo

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John S. Woods

13b. MOTHER'S MAIDEN NAME

Louisa Jane Sluder

14. NAME OF HUSBAND OR WIFE

Dow Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Dow Holt - Mountain Grove, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion (profuse) Pulmonary & Legs

INTERVAL BETWEEN ONSET AND DEATH
Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Occlusion (mild)

11/5/63

6:00 a.m.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 6:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B. Q. Crandall

22b. ADDRESS

Mountain Grove, Missouri

22c. DATE SIGNED

11/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11/8/1963

23c. NAME OF CEMETERY OR CREMATORY
Lone Star Cemetery

23d. LOCATION (City, town, or county)
Mountain Grove, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Barber Funeral Home - Mtn. Grove, Mo

25. DATE RECD. BY LOCAL REG.

11-8-1963

26. REGISTRAR'S SIGNATURE

Bernice L. Silberman

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 114/1

2 114/1

3

4 1

5 1

6

7 0

8 2

9 420.1

10

11

12 90-2

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Stapp

Licensed Embalmer No. 3161

P. O. Address

Mo. Evers, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.